

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Office of the Secretary of State

FORM MUST BE TYPED 1. Corporate ID No.	2. Name of Corpo	2. Name of Corporation					
45052	! Tingley Asso	ociates Inc.					
3. Street Address Principal			Ciry	State	Ζίρ		
397 RESERVOIR 4. Business Phone No.	ROAD		CUMBERLAND	RI	02864		
4. Business Phone No.		5. State of Incorpo			6. SIC Code		
7 Resid Description of the	Character to the control of the cont	RHODE ISL	AND		6130		
INVESTMENTS	Character of Business Con	ducted in Khode Island					
8. NAMES AND ADD President Name	RESSES OF THE OFF	ICERS ("X" BOX FO	RATTACHMENT) FILL IN SP	ACES BEFORE USING ATTA	CHMENTS		
Linda Anderson			· None				
Street Address			Street Address				
397 Reservoir I	Road		•				
Ciry	State	Zip	City	State	Zip		
Cumberland	RI	02864					
ecretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •		
Linda Anderson	· •			Linda Anderson			
S <i>mei Address</i> 397 Reservoir I	Poad		* Street Address				
City				.397 Reservoir Road			
Cumberland	'State RI	<i>Zip</i> 02864	*City	State	Zip		
	1	1	. Cumberland	LRI	02864		
Director Name	RESOURCE OF THE DIR	eciona ("v. sov v	FOR ATTACHMENT) FILL IN	SPACES BEFORE USING AT	FACHMENTS .		
None			'None				
Street Address	** ***		Street Address	 			
			-				
Ciry	State	Zip	·City	State	Zip		
			•	ì			
Director Name		• • • • • • • • • •	Director Name				
None			None	None			
Street Address			Street Address				
City	State	Zip	City	State	[Ζὶρ		
	•		•	!			
10. SHARES AUTHO	RIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*)	(" BOX FOR ATTACHMENT)	l <u></u>		
NUTHORIZED SHARES_			ISSUED SHARES	· box i ok wi inciniziti) [- !		
Yumber of Shares	Class/Scries	Par Value	Number of Shares	Cluss/Series	Par Value		
1,000 COMM NO PA	AR VALUE		10	.Cl A Common	No Par Value		
	_		990	Cl B Common	No Par Value		
his report must be s	igned in ink by eithe	r the President, Vic	990 ce President, Secretary, Assis				

45052 DBC,01/11/05 03:48:39 PM FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

Signature of Officer Linda Anderson

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN B		ing 1 cc. \$50.00				
1. Corporate ID No.	2. Name of Corporation					
45052 Tingley Associates Inc.						
3. Street Address Principal Business Office			City	State	Zip	
397 RESERVOIR ROAL	D		CUMBERLAND	RI	02864	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 6130	
7. Brief Description of the Chara INVESTMENTS	cter of Business Condi	ucted in Rhode Island			<u> </u>	
8. NAMES AND ADDRESS	ES OF THE OFFI	CEDS MY" BOY FOR AT	FACUARATE (T) ETIL 1N CE	LCEU BEEGOU HEING ATTA	CUMENTS	
President Name	DES OF THE OFF	CERS (A BOX POR AT)	Vice President Name	Were DELOKE ONING VI IV	CHILETIA	
LINDA ANDERSON			· NONE			
Street Address			Street Address			
397 RESERVOIR ROAD)		•			
City CUMBERLAND	State RI	2ip 02864	City	State	Zip	
Secretary Name	* * * * * * * * * * * * * * * * * * * *		Treasurer Name			
LINDA ANDERSON			LINDA ANDERSON			
Street Address			* Street Address			
397 RESERVOIR ROAL)		.397 RESERVOIR R	ROAD		
City CUMBERLAND	State RI	<i>Zip</i> 02864	*City • CUMBERLAND	State RI	7.ip 02864	
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USING ATT	ACHMENTS 6	
NONE			· NONE			
Street Address		·	Street Address			
			•			
City	State	Zip	·City	State	Zip	
Director Name NONE	J		Director Name NONE			
Street Address			·Street Address			
City	State	Zip	Cliy	State	Zip	
10. SHARES AUTHORIZE	ED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("2	X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES	 		ISSUED SHARES		70 1/1	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 COMM NO PAR \	/ALUE		10	CL A COMMON	NO PAR VALUE	
			990	CL B COMMON	NO PAR VALUE	
This report must be signe	d in ink by either	the President, Vice Pi	resident, Secretary, Assi	stant Secretary, Treasure	r, Receiver or Trustee	
4 5 0	5 2	_FILED		rjury, I declare and affirm that g any accompanying schedule		
45052 DBC 01/13/04	12:32:53 PM	# - - -	and that all statemen	nts contained herein are true a	nd correct.	
File Date		JAN 22 2004	Toursel 1	Mullsa	1-20-04	
Check No. 141	В	y (mc	JSignature of Officer LINDA AND	DERSON		
_			Print or Type Name of			
B <u>v:</u>		• •	PRESIDEN	IT		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer	· ·	Form 630 12/01	



2. Name of Corporation

Tingley Associates Inc.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

45052

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

State

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2003
Filing Period: January 1 - March 1	Filing Fee: \$50.00	

City

397 RESERVOIR ROAD		CUMBERLAND	RI	02864			
4. Business Phone No.	Phone No. 5. State of Incorporate RHODE ISLAN				6. S/C Code 6130		
7 Brief Description of the C INVESTMENTS	Character of Business Co	nducted in Rhode Island					
8. NAMES'AND ADDI	RESSES OF THE OF	FICERS ("X", BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING ATTA	CHMENTS A WALL		
Linda Anderson			Vice President Name				
Street Address		*******	None * Street Address				
397 Reservoir R	20ad		Street Address				
City	State	17:4	City	10	12:		
Cumberland	RI	<i>Zip</i> 02864	·City	State	Zip		
Secretary Name		102004	Treasurer Name	!			
Linda Anderson			Linda Anderson				
·	 						
Street Address 397 Reservoir R	oad.		* Street Address	د ـ ـ ـ ـ			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		.397 Reservoir R		-		
City	State	Zip	City	State	Zip		
Cumberland	RI	02864	.Cumberland	RI	02864		
9. NAMEŞ AND ADDI Director Name	RESSES OF THE DI	RECTORS ("X" BOX FO	DR ATTACHMENT) FILL'IN	SPACES BEFORE USING ATT	ACHMENTS		
None			• None				
Street Address		 	Street Address				
Sitet nuares			*Sireel Address				
City	State	Zip	·Ciry	State	Zip		
Director Name	J		Director Name				
None			None				
Street Address			Street Address				
City	State	Zip	.City	State	Zip		
			<u> </u>				
10. SHARES AUTHOR	RIZED (;'X", BOX FO	RATTACHMENT) 🔲 📜	Hares issued (#2	Y" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 COMM NO PA	AR VALUE		10	Cl A Common	No Par Value		
			990	Cl B Common	No Par Value		
This report must be s	igned in ink by eit.	her the President, Vic	e President, Secretary, Assi	stant Secretary, Treasurer	Receiver or Trustee		
	5 0 5 2 *			rjury, I declare and affirm that			
				g any accompanying schedule			
45052 DBC1/28/0	34:56:41 PM		and that all statemen	nts contained herein are true as	na correct.		
File Date	503			1 / la Mila	2/2/02		
The Date		-	Signature of Officer	Concern Vous	0/8/03		
Check No.	, C)		* . * . * . * . *	Date	•		
		-	Linda Ande				
B_{V}	m		Print or Type Name of	f Officer			
<u> </u>			President President				
FOR SECRETARY OF ST	IATE USE ONLY		Title of Officer				
			. **				

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ

Filing Period: January	1-March 1 • 1	Filing Fee: \$50.00)		INSTRUCTION
(FORM MUST BE TYPED IN BLAC 1. Corporate ID No.	2. Name of Corporation				
45052	Tingley Asso	ciates Inc.	au.	flata	71=
3. Street Address Principal Business C)ffice		City	State	ZIp
397 Reservoir Ro 4. Business Phone No.	ad	5. State of Incorporat. RHODE ISLA		RI	02864 6. SIC Gode 6130
7. Brief Description of the Character	of Business Conducted in	Rhode Island			
Investments 8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHM	IENTS
Linda Anderson Street Address			None Street Address		
397 Reservoir Ro	oad State	Zip	City	State	Zip
Cumberland Secretary Name	RI	02864	Treasurer Name		
Linda Anderson Street Address			Linda Anderson Street Address		
397 Reservoir Ro	oad State	Zip	397 Reservoir R	oad State	Zip
Cumberland 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIRE	02864 CTORS (*x* BOX FOR	Cumberland ATTACHMENT) FILL IN SPAC Director Name	RI ES BEFORE USING ATTACE	02864 IMENTS
None Street Address			None Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		• •
None Street Address			None Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZEI	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VA			10	Cl. A Common	No Par Value
			990	Cl. B Common	No Par Value
		. 🖦			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 4 5 0 5 2 *
File Date:	1/28/2002
Check No.:	.119
By:	

Under penalty of perjury, I declare ar	nd affirm that I have examined
this report, including any accompany	
that all statements contained herein	are true and correct.
Gorla a Galle	· 1/22/02
Signature of Officer	Date
Linda Anderson	
Print or Type Name of Officer	
President	



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PLEASE READ I

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.0	0		INSTRUCTIONS
(FORM MUST BE TYPED IN B					
1. Corporate ID No. 45052	2. Name of Corpor	Associates Inc	•		
3. Street Address Principal Busin	ess Office		City	State	Zip
397 Reservoir F	Road		Cumberland	RI	02864
4. Business Phone No.		S. State of Incorpora			⁶ 8136
7. Brief Description of the Chara	cter of Business Conducted	in Rhode Island			·
Investments					
8. NAMES AND ADDR	ESSES OF THE OF	FICERS (-X- BOX FOR A	TTACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHM	ENIS
Linda Anderson Street Address	. <u>. </u>		None Street Address		
397 Reservoir F	Road		•		
City	State	Zip	City	State	Zip
Cumberland	RI	02864			
Secretary Name	••••••		Treasurer Name		
Linda Anderson			Linda Anderson	\	
Street Address			Street Address		
397 Reservoir I	Road		. 397 Reservoir	Road	
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDR	ESSES OF THE DI	RECTORS (*X* BOX FO	R ATTACHMENT) FILL IN SPAC	CES BEFORE USING ATTACE	IMENTS
None			None		
Street Address			Street Address		
			City	State	Zip
City	State	Zip	<i>C.17</i>	3.2	
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHORI	ZED ("X" BOX FOR A	ITACHMENT) 🔲	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	<u>}</u>
AUTHORIZZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
1,000 COMM NO	PAR VALUE		10	Cl. A Common	No Par Value
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	990	Cl. B Common	No Par Value
This report must be si	igned in ink by e	ither the President	Vice President, Secretary, As	sistant Secretary. Treasure	er, Receiver or Truster
This report thus of s	FIII 41441 FIII 111 FIII 111 FIII 11	m iasi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	•
l ill		<u> </u>			
					3773
	TIII BITOT TIIII TAITI TIIIS J		(tada,ti) - (markers I danlers and affirm .	hat I have examined
*	45052	*		perjury, I declare and affirm t ling any accompanying sched	
•	-	• :		s gontained hyrein are true an	
Pro 9 to	-	i i			
File Date:	∪	 :	hule (L Grallen	- 2-16-h

Title of Officer

FOR SECRETARY OF STATE USE ONLY

Linda Anderson

Print or Type Name of Officer

President

Signature of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: Januar	y 1-March I •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BE	LACK)				
1. Corporate ID No.	2. Name of Corporal	ion			
45052 3. Street Address Principal Busine		ssociates Inc.	City	State	Zip
397 Reservoir R 4. Business Phone No.	oad	5. State of Incorporation	Cumberland	RI	02864 6. SIC Code
7. Brief Description of the Charac	ter of Business Conducted I	RHODE ISLAND n Rhode Island			6130
Investments 8. NAMES AND ADDRE	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	IMENT) Vice President Name		
Linda Anderson			None Street Address		
397 Reservoir R	toad	_			71-
City	State	ZIP	City	State	Zip
Cumberland Secretary Name	RI	02864	Treasurer Name	• •	• •
Linda Anderson Street Address.			Linda Anderson Street Address		
397 Reservoir F	Road State	Zip	397 Reservoir I	Road State	Zip
Cumberland 9. NAMES AND ADDR. Director Name	RI ESSES OF THE DIR	02864 ECTORS (*X* BOX FOR ATTA	Cumberland CHMENT) Director Name	RI	02864
None Street Address		·	None Street Address		
City	State	Zip	City	State	Zip
Director Name		• • •	Director Name		•
None Street Address			None Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	-
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value	10	Cl. A Common	No Par Value
		•	990	Cl. B Common	No Par Value

ee

Title of Officer

File Date:
MAR 07 2000
FOR SECRETARY DESTATE USE ONLOWY

Under penalty of perjury, I declare and affirm that I have examined this report/including any accompanying schedules and statements, and that all statements confilmed therein are true and correct. Signature of Officer Date Linda Anderson Print or Type Name of Officer President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Date

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

10.2	OP. \
PULASE	READ+

(FORM MUST BE TYPED IN BLA					
1. Corporate ID No.	2. Name of Corpo		······································		
45052	~ .	sociates inc.			
3. Street Address Principal Business 397 Reservoir Road		· · · · · · · · · · · ·	Cumberland	Siate	02864
4. Business Phone No.	•	5. State of Incorporati		· —	6. SIC Code 6130
7. Brief Description of the Character Investment	of Business Conducted	d in Rhode Island	- · · · · · - · · - · · · · · · · · · ·	- <u></u>	
8. NAMES AND ADDRESS President Name	SES OF THE OF	FICERS ("X" BOX FOR ATT	TACHMENT) (FILL IN SPACES : Vice President Name	BEFORE USING ATTACH	MENTS
Linda Anderson		· · · · · · · · · · · · · · · · ·	None		· · · · · · · · · · · · · · · · · · ·
397 Reservoir Road	i				
Cumberland,	State RI	21p 02864	City	State	Zip
ecretary Name	•	*************************	Treasurer Name	······································	***************************************
Linda Anderson		··	Linda Anderson Street Address	··—	
397 Reservoir Road	1		397 Reservoir Ro	oad	
City	State	Zip	City	State	Zip
Cumberland	ŖĬ	02 <u>8</u> 64	Cumberland	RI	02864
or Names and Address Director Name None	SES OF THE DI	RECTORS (*x* bo <u>x</u> for)	ATTACHMENT) FILL IN SPACE Director Name None	ES BEFORE USING ATTAC	CHMENTS
treet Address			Street Address		
City	State :	Zip	City	State	Zip
Director Name None		•••••••••••••••••••••••••••••••••••••••	Director Name None	İ	
Street Address	•	- ·	Street Address	<u></u>	
Sity	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (X* BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COM NO P	AR VAL		10	Cl. A Com.	No Par Value
	•	· · · ·	990	Cl. B Com.	No Par Value

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that 311 statements contained herein are true and correct. File Date: _ ! Check No.: . FOR SECRETARY/OF TATE USE ONLY

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP:
PIE (M. REMIINVIRUCTIONS

(FORM MUST BE TYPED IN BLAC	сю				
1. Corporate ID 45052	Z Namt of Corpora Tingley Asso	cion Ociates Inc.			
3. Street Address Principal Business	Office		City	State	Zip
397 Reservoir Road 4. Business Phone No.	d	Science of Incorporation RHODE ISLAND	Cumberland	RI	02864 6. SIC Code 6130
7. Brief Description of the Character	of Business Conducted i	n Rhode Island			
Investment 8. NAMES AND ADDRESS President Name Linda Anderson	SES OF THE OFF	CERS ("X" BOX FOR ATTACHI	MENT) Vice President Name None		
397 Reservoir Road	i		Street Address		•
Cumberland	State RI	^{21p} 02864	City	State	Zip
Secretary Name Linda Anderson Street Address			Treasurer Name Linda Anderson Street Address		
397 Reservoir Road	} State	Zip	397 Reservoir Road	State	Zip
Cumberland 9. NAMES AND ADDRESS	RI SES OF THE DIRI	02864 ECTORS (*X* BOX FOR ATTAC	Cumberland CHMENT)	RI	02864
None None			Director Name None		
Street Address			Street Address		,
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	D (*X* BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (*X* BE	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COM NO PA	AR VAL		10	Cl. A Com.	No Par Value
			990	Cl. B Com.	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

:	* 4 5 0 5 2 *
File Date: _	3.7.98
Check No.:	SSI
Ву:	ICP
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	1 have examined
this report including any accompanying schedule:	
that all statements coptained herein are true and c	correct.
model (Challan	2/26/58
Signature of Officer D	ate
LINDA H. HUDERSA	<u>/</u>
Print or Type Name of Officer	
PEBS	
Title of Officer	



1

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST RE TYPED IN BL	ICK)				= BEFORE
1. Carporate ID No. 45052		ration SSOCiates Inc.	· · · · · · · · · · · · · · · · · · ·		THIS TOR
3. Street Address Principal Business	Office		City	State	
397 Reservoir Roa	ad	5. State of incorporati	-Cumberland	⊥.RI	——————————————————————————————————————
Brief Description of the Character	of Business Conducted	RHODE ISL	AND		6. SIC Code 6130
Investment NAMES AND ADDRES			TACHMENT) L.		
esident Name Linda Anderson reet Address			Vice President Name None		
397 Reservoir Roa	d		Street Address		
Cumberland	State	^{Zip} 02864	City	State	Zip
Cretary Name Linda Anderson ees Address			Treasurer Name Linda Anderson Street Address		
,-397 Reservoir Roa	d	Zip	- — z _{cir} 397 Reservoir Re	oad	
Cumberland NAMES AND ADDRESS	‡ RT	1 02064		State RI	02864
None	· -		Director Name None		
cet Address			Street Address		
,	State	Zip	City	State	Zip
ector Name None	······································		Director Name None		
; , <u></u>	·		Street Address		
_	State	Zip	· City	State	Zip
SHARES AUTHORIZED	AND ISSUED	X BOX FOR ATTACHMENT			
nber of Shares	Class/Serles	Par Value	SSUED SHARES Number of Shares		
1,000 SHS COM NO P	AR VAL		10	Class/Series Cl. A Com.	No Par Valu
			990	Cl. B Com.	No Par Valu

275	* 4 5 0 5 2 +		i
lle Dale:	3/3/97	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statements that all statements opntained in rein are true and correct.	-d
heck No.:	<u>537</u> .	Signature of Officer A ALPACASA Print or Type Name of Officer	7
OR SECRETARY OF	STATE USE ONLY	Title of Officer	

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

ORPORATE ID NO.	2. HAME OF CORPORA	PLEASE TYPE OR PRIN	IT IN BLACK INK.		
45052					
43032 Strieet addréss principal business	Tin	gley Associates Inc.			
397 Reservoir R			Cumberland	STATE	^{za-ασε} 02864
ISINESS PHONE NO.		5. STATE OF PICORPORATION	Cultocitatio		\$
		RHODE ISLA	AND		6.50 COOE
BEF DESCRIPTION OF THE CHARACTER	OF BUSINESS CONDUCTED IN R	HOOE ISLAND			0.50
Investment					
	8 . 1	IAMES AND ADDRES	SES OF THE OF	FICERS	
IDENT NAME			WCE PRESIDENT HAME		-
Linda Anderson		· · · · · · · · · · · · · · · · · · ·	None		
397 Reservoir R	oad		STREET ADDRESS		
	I STATE	ZIP COOE }: (3 5	CITY	STATE	(mi cons
Cumberland	RI	028645 31		JAIC	ZP COOE
Linda Anderson			TREASURER JUANE Linda Anderson	<u>-</u>	<u> </u>
FT ADDRESS					
397 Reservoir R	nad —		STREET ADDRESS	. 1	
377 Teosoft off Te	STATE	ZIP CODE	397 Reservoir R		
Cumberland	PT :		=	STATE	ZIP CODE
	9. 1	02864	SES OF THE DIE	KI	02864
None	-	<u> </u>	DIRECTOR NAME		
ET ADORESS			None		
			STREET ADDRESS		
	STATE		CITY	STATE	I m coor
·	_1_			SIRIE	ZIP CÓCE
3MAN ROT		·	DIRECTOR NAME		
None			None		
, rouncus			STREET ADORESS		
	STATE	ZIP CODE	ary	STATE	2P C00€
				Sint	LF CUIR
	10.	SHARES AU-THORIZ	ED AND ISSUED		<u> </u>
	AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERTES	PAR VALUE
1,000 SHS (COM NO PAR V	AL '	10	Cl. A Com.	No Par Value
		·	200		
			990	Cl. B Com.	No Par Value
				<u>. </u>	
	7	his report must be SIGNE	D IN IND by a sale and a		

File Date: Check No:

Ву:

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Print or Type Name of Officer

Title of Officer

For Secretary of State Use Only

State of Rhode Island and Providence Plantations

Name of Corporation: TINGLEY ASSOCIATES, INC.

Business entity organized under the laws of the State of: RHODE ISLAND

45052

Corporate ID:

Office of the Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

Annual Report for the year: 1995

Business Entity is (check one):

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

For foreign entity, addres N/A	ss and telephone number of principal office:	[X] Business	is (check one): Corporation (See RIGL Chapter nal Service Corporation (See RI	7-1.1) GL Chapter 7-5.1)
Phone:		Brief Statement	of the character of business con-	ducted in Rhode Island
Address and telephone of	f the principal office of business entity in rect address - Not P.O. Box):	Investment		
Phone:				
PRESIDENT	THE NAMES (OF THE OFFICERS AF		<u> </u>
Linda Anderson	397 Reservoir Roa		CITY/STATE Cumberland, RI	ZIP CODE 02864
VICE PRESIDENT	STREET ADDR	RESS	CITY/STATE	ZIP CODE
SECRETARY Linda Anderson	SIREET ADDR	RESS	СПУ/ЅТАТЕ	ZIP CODE
REASURER Linda Anderson	STREET ADDR	RESS	CITY/STATE	ZIP CODE
	THE NAMES OF	THE DIRECTORS AF	DF.	
IAME V/A	STREET ADDR	THE BINECTORS AF	CITY/STATE	ZIP CODE
IAME	STREET ADDR	ESS	CITY/STATE	ZIP CODE
ZAME.	STREET ADDR	FSS	CHY/STATE	ZIP CODE
UMBER OF SHARES A	AUTHORIZED (Rider may be attached)	NUMBER OF SHARE	S ISSUED AND OUTSTANDE	NG (Rider may be attached
iumber of Shares	Class/Scries	Number of Shares	Class/Scries	
,000,	Common/No Par Value	10 990	Class A/Common/i	No Par Value No Par Value
Date: Murch	20 ,19 <u>95</u> B	Luga A. A	lideen	
		UNT OR TYPE NAME OF OFFICER SIGNING	· ·	—
LEASE NOTE: If the rea	DESIGNATED REGISTERE	D AGENT FOR SERV	ICE OF PROCESS:	
	istered office and/or registered agent indicat			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
auter Pollock & Sheeh;	an, Inc., 2300 Hospital Trust Tower, Pro	ovidence, Rhode Island 0)2903 (X#504 20

Filing Fee \$50.00 Payable to: Secretary of State

State of Rhode Island and Providence Plantations Office of the Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 (401) 277-3040

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

Ornorate ID: AEDE2 Annual Depart for the years 100A

Corporate ID: 45052	Annua	Report for the year: 1:	994
Name of Business Entity: TINGLEY ASSOCIAT	ES INC.	<u> </u>	
BUSINESS ENTITY ORGANIZED UNDER THE LAWS OF THE STATE OF: RHO	DE ISLAND Busi	iness Entity is (check one):	
Federal Taxpayer Identification Number:		Business Corporation (See RI	GL Chapter 7-1.1)
For foreign entity, address and telephone number of principa	l office:	Professional Service Corporat	ion (See RIGL Chapter 7-5.1)
N/A		Limited Liability Company (Se	e RIGL 7-16)
		l ne, title and mailing address o	f contact person to whom
	con	nmunications may be directed	:
phone:		da Anderson, President	
		Tingley Road, Cumberla	and, RI 02864
Address and telephone of principal office of business entity		47 RESERVUIR RA	
Island (Provide Street Address - Not P.O. Box):			
89 Tingley Road, Cumberland, RI 02864	Brie	of statement of the character	of business conducted in Rhode Island:
	——— Inv	restment	
367 RESERVUIR Rd			
phone:	Dat	te of Organization: / L	.01.87
	Dat	te of Qualification to do busin	ess in Rhode Island (if foreign entity):
	N/	A	
	_		
THE	NAMES OF THE	OFFICERS ARE:	
	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda Anderson, 89-Tingley Road, Cumberland, [CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One)		CITY/STATE	ZIP CODE
CHIEF OPERATING OFFICER ON VICE PRESIDENT COLORS	STREET ADDRESS	3,	
CUSTODIAN OF RECORDS OR X SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda Anderson, same as above		<u> </u>	
CHIEF FINANCIAL OFFICER OR X TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Linda Anderson, same as above			
THE N	AMES OF THE	DIRECTORS ARE:	
NAME STREET	ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME STREET	ADDRESS	CITY/STATI	ZIP CODE
NAME STREE	T ADDRESS	CITY/STAT	E ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES I	SSUED AND OUTSTANDING (If Applicable)
NOWBER OF SHARES ACTIONIZED (II Applicable)			
NUMBER 10 Class A / 890 Class B / 00	v ca	NUMBER 10 Cla	ass A / 990 Class B
CLASS Common	 7	CLASS Comm	non
SERIES n/a		SERIES n/a	
PAR VALUE OR WITHOUT PAR No Par Value		PAR VALUE OR WITH	OUT PAR No Par Value

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID <u>4505</u>	2 Annua	al Report for the year	1993
FIRST: The name	of the corporation is	TINGLEY ASSOCIATES INC.	
SECOND: It is i	ncorporated under the la	aws of <u>Rhode Island</u>	
THIRD: Characte	r of business, briefly	stated, is <u>investment</u>	
FOURTH: If fore	ign corporation, addres	s of its principal office	N/A
FIFTH: Business	address in Rhode Islan	d <u>89 Tingley Road, Cumbe</u>	rland, RI 02864
SIXTH: Names an Name	Urrice	ctors and officers: (Atta Address (including numbe	ch rider if necessary) r, street, zip code)
N/A	Director Director		
	Director		
<u>Linda Anderson</u>	President Vice President	89 Tingley Road, Cumberl	and, RI 02864
Linda Anderson	Secretary	same as above	
<u>Linda Anderson</u>	Treasurer	same as above	····
	of Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
10 990	Common Common	Class A Class B	No Par Value No Par Value
EIGHTH: Number	of Shares issued: Rec'd {	A Fried man 2 5 1993 9	Par Value or statement that shares are without
No. of Shares	Class	Series AM	par value
10 990	Common Common	Class A Class B	No Par Value No Par Value
Dated	1993	TINGLEY ASSOCIATES INC	·
(Report must be sign	ed by an officer)	By man Challe	Wohn)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Corporations Division 100 North Main Street

Providence, Rhode Island 02903



Corporate ID 45052	2	Annual Report for the ye	ear <u>1992</u>
FIRST: The name	of the corporation	is <u>Tingley Associates</u>	Inc.
SECOND: It is in	ncorporated under t	ne laws of <u>Rhode Island</u>	J
THIRD: Character	of business, brief	fly stated, is <u>investme</u>	ent
FOURTH: If forei	gn corporation, add	dress of its principal o	office
FIFTH: Business	address in Rhode Is	sland <u>89 Tingley Road,</u>	Cumberland, RI 02864
SIXTH: Names and Name	OfficeDirectorDirector	directors and officers: Address (including	(Attach rider if necessary) number, street, zip code)
Linda Anderson	Director President		umberland, RI 02864
Linda Anderson Linda Anderson	Vice Presides	89 Tingley Road, Cu 89 Tingley Road, Cu	mberland, RI 02864 mberland, RI 02864
SEVENTH: Number	of Shares authorize	ed:	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
10 990	A (Voting) B		No Par No Par
EIGHTH: Number o	of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
18 A I D JAN 2 1 1992	A (Voting) B	 	No Par No Par
Dated SECY OF STAT	19 <u>92</u>	Tingley Associate	s Inc.
(Report must be signe	d by an officer)	By Kold (1) Title	Mindilar -

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID <u>450</u> 5	52	Annual Report for the ye	ar <u>1991</u>
FIRST: The name	of the corporation	is <u>Tingley Associates</u>	Inc.
SECOND: It is i	ncorporated under t	he laws of <u>Rhode Island</u>	
THIRD: Characte	er of business, brie	fly stated, is <u>investme</u>	nt
FOURTH: If fore	ign corporation, ad	dress of its principal o	ffice
FIFTH: Business	address in Rhode I	sland <u>89 Tingley Road,</u>	Cumberland, RI 02864
SIXTH: Names an Name	Office Director Director	directors and officers: Address (including	(Attach rider if necessary) number, street, zip code)
Linda Anderson	Director President	89 Tingley Road, Cu	mberland, RI 02864
Linda Anderson Linda Anderson	Vice Presidence Secretary Treasurer	dent <u>89 Tingley Road, Cu</u> 89 Tingley Road, Cu	mberland, RI 02864 mberland, RI 02864
SEVENTH: Number	of Shares authorize	ed:	_
No. of Shares	Class	Series	Par Value or statement that shares are without par value
10 990	A (Voting) B	 57ND	No Par No Par
EIGHTH: Number	of Shares issued:	1051 60 1000 1000	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
10 990	A (Voting) B	 	No Par No Par
Dated	19	Tingley Associates	Inc.
(Report must be sign	ed by an officer)	By man	Caleon

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street Providence, Rhode Island 02903



Corporate ID4	5052	Annual Report for the ye	ear1990
FIRST: The na	ame of the corporation	is <u>Tingley Associates</u>	Inc.
SECOND: It is	incorporated under th	ne laws of <u>Rhode Island</u>	ı
THIRD: Charac	ter of business, brief	Tly stated, is <u>investme</u>	ent
FOURTH: If fo	oreign corporation, add	iress of its principal c	office
FIFTH: Busine	ess address in Rhode Is	sland <u>89 Tingley Road,</u>	Cumberland, RI 02864
SIXTH: Names Name	and addresses of its of Office Director Director Director	directors and officers: Address (including	(Attach rider if necessary) number, street, zip code)
Linda Anderson	President	89 Tingley Road, Cu	imberland, RI 02864
Linda Anderson Linda Anderson	Vice PresideSecretaryTreasurer	dent <u>89 Tingley Road, Cu</u> 89 Tingley Road, Cu	
	per of Shares authorize	-	miber rand, KI UZ804
No. of Shares	Class	Series	Par Value or statement that shares are without par value
RECRETARY 2007-0-1-1	A (Voting) B		No Par No Par
∽€IGHŦ ff \$ Numbe	er of Shares issued:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
10 990	A (Voting) B	 	No Par No Par
Dated	19 <u>4</u> 5	Tingley Associate (Name of Corporation	s Inc.
(Report must be si	gned by an officer)	By finsk of	rdeless

3

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 190 North Main Street Providence, Rhode Island 02903

corporate ID450	<u>)52 </u>	Innual Report for the y	ear1989
FIRST: The nam	e of the corporation	is <u>Tingley Associates</u>	Inc
		e laws of <u>Rhode Islan</u>	
ININD. CHARACT	er or business, brief	ly stated, is <u>investm</u>	ent
FOURTH: If for	eign corporation, add	ress of its principal (office
FIFTH: Busines	s address in Rhode Is	land <u>89 Tingley Road,</u>	Cumberland, RI 02864
SIXTH: Names a Name	Office	irectors and officers: Address (including	(Attach rider if necessary) number, street, zip code)
	Director Director	-	
Linda Anderson	Director President	89 Tingley Road, Cu	umberland, RI 02864
Linda Anderson	Vice Presid Secretary	ent 89 Tingley Road, Cu	mberland, RI 02864
Linda Anderson	Treasurer	89 Tingley Road, Cu	mberland, RI 02864
SEVENTH: Number	r of Shares authorize	d:	•
			Par Value or statement that
No. of Shares	Class	Series	shares are without par value
10 990	A (Voling) B		No Par No Par
EIGHTH: Number	of Shares issued:		
			Par Value or statement that
No. of Shares	Class	Series	shares are without par value
10 990	A (Voting) B	 	No Par No Par
Dated <u>5 - 23</u>	19 <i>65</i>	Tingley Associate	s Inc.
(Report must be sign	ned by an officer)	By may	Carlevan

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division
100 North Main Street
Providence, Rhode Island 02903

Corporate ID4505	2	Annual Report for the y	ear	
FIRST: The name	of the corporation	is <u>Tingley Associates</u>	Inc.	
		he laws of <u>Rhode Islan</u> fly stated, is <u>invest</u> m		
FOURTH: If fore	ign corporation. ad	dress of its principal	office	
FIFTH: Business	address in Rhode I	sland <u>89 Tingley Road,</u>	Cumberland, RI 02864	
SIXTH: Names an Name	d addresses of its Office Director Director	directors and officers: Address (including	(Attach rider if necessary) number, street, zip code)	
Linda Andonesa	Director			
Linda Anderson	President Vice President	89 Tingley Road, Cu	umberland, RI 02864	
Linda Anderson	Secretary			
<u>Linda Anderson</u>	Treasurer	89 Tingley Road, Cu	umberland, RI 02864	
SEVENTH: Number	of Shares authorize	ed:	•	
			Par Value	
			or statement that	
No. of Shares	Class	Series	shares are without par value	
			pai varde	
10	A (Voting)	~~	No Far	
990	В		No Par	
EIGHTH: Number o	of Shares issued:			
			Par Value	
			or statement that	
No. of Shares	Class	Series	shares are without par value	
			·	
10 990	A (Voting)		No Par	
330	В		No Par	
Dated <u>5-23</u>	19 <u>89</u>	Tingley Associate	s Inc.	
		(Name of Corporatio	nn)	
		Byrds (1)	Coleman	
(Report must be signe	d by an officer)	Title PRES	warran	